



Incident Report

Print Date/Time: 12/12/2016 13:40
Login ID: ss0139

Lake Stevens Police Department
ORI Number: WA0311900

Incident: 2016-00024488

Incident Date/Time: 12/9/2016 8:31:00 AM
Location: 3326 BAKER VISTA LN
LAKE STEVENS WA 98258
Phone Number: (425) 244-4921
Report Required: Yes
Prior Hazards: No
LE Case Number:

Incident Type: Collision
Venue: Lake Stevens
Source: 911
Priority: 4
Status: 3
Nature of Call:

Unit/Personnel

Unit	Personnel
1938	SS0121-Carter

Person(s)

No.	Role	Name	Address	Phone	Race	Sex	DOB
1	Reporting Party	BORGERS, ROBERT		(425) 244-4921			
1	Involved Party	TIMBERS, SETH JORDAN	11848 33RD PL NE LAKE STEVENS WA 98258	(425) 923-0046	White	Male	06/19/1999

Vehicle(s)

Role	Type	Year	Make	Model	Color	License	State
Involved Vehicle	Passenger Car		GMC	Sierra	Black	B50660T	WA
Involved Vehicle	Passenger Car	1996	Jeep (1989-pres)	JPCH		BCD8659	WA

Disposition(s)

Disposition	Count
R	1

Property

Date	Code	Type	Make	Model	Description	Tag No.	Item No.
------	------	------	------	-------	-------------	---------	----------

CAD Narrative

12/09/2016 : 09:15:40 ss0121 Narrative: Exchange of info provided to both parties

12/09/2016 : 08:48:58 ss0121 Narrative: V1 driven by LSHS student Seth Timbers, collided with parked vehicle on 34th St NE

12/09/2016 : 08:34:21 SP0100 Narrative: AGENCY ADVISED

12/09/2016 : 08:32:46 sp0204 Narrative: LR204

12/09/2016 : 08:32:25 sp0204 Narrative: CC, COLD, SUS INFO, HIT AND RUN



LAKE STEVENS POLICE DEPARTMENT

INCIDENT STATEMENT FORM

CASE NUMBER 2016-00024488VICTIM ☐ WITNESS ☐NON-DISCLOSURE ☐

NAME (LAST, FIRST, MIDDLE) Timbers Seth Jordan		RACE White	ETHNICITY Wh	SEX M	D.O.B. 06/14/99	AGE 17	HGT 6'	WGT 155	HAIR Blonde	EYES Blue
STREET ADDRESS 11848 33RD PL NE				CITY Lake Stevens		STATE WA		ZIP 98258		
HOME PHONE N/A		CELL PHONE 425-923-0046			WORK PHONE N/A					
EMAIL ADDRESS (OPTIONAL) Seth.Timbers@hotmail.com					PLACE OF EMPLOYMENT N/A					

STATEMENT:

I was on my way to pick up my Girlfriend and I was coming up the hill and hit an icy or slick spot and I started to slide towards the truck. So I stepped on my brakes and turned the other way but it didn't help and I hit the side of the truck.

**LSPD
ORIGINAL**

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE: Seth DATE SIGNED: 12-9-16OFFICER/NUMBER: W. Cleary 181 DATE SIGNED: 12-09-16

OUR MISSION STATEMENT: "WE BELIEVE THAT PRESERVING LIFE, ENSURING JUSTICE AND GUARDING DEMOCRACY ARE VITAL TO A SAFE, HEALTHY, AND PROSPEROUS COMMUNITY"

Page 1 OF 1



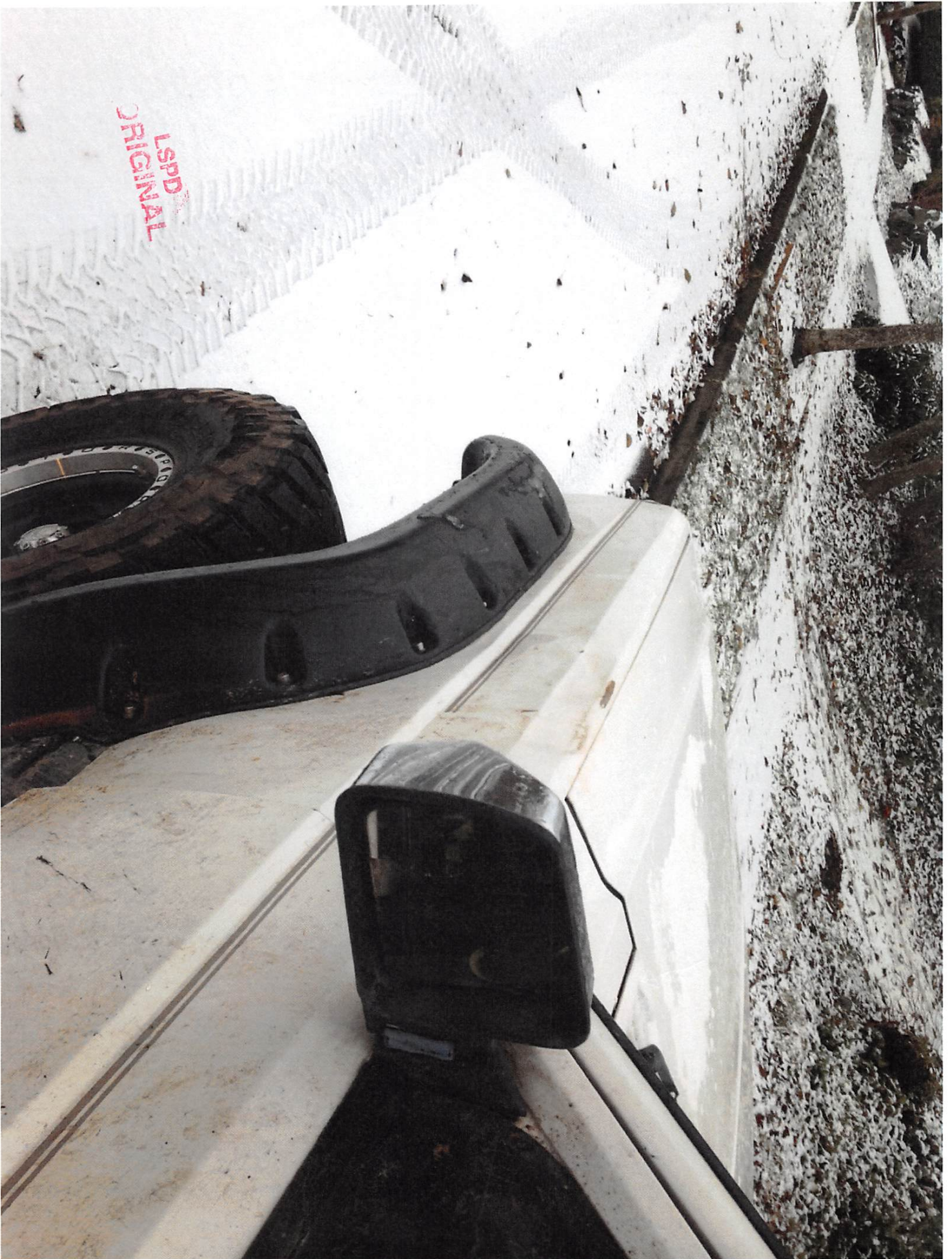
















COLLISION REPORT



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591971

REPORT NO. **E617965**

1 0 4 27

14

22

31

4

4a

5

67

7

8

99

10

11 2 5

12 0 0

13 2

14

15 2

16

17

18

19

20

21

22

23

24

25

26

INTERSTATE	<input type="checkbox"/>	CITY STREET	<input checked="" type="checkbox"/>	FIRE RESULTED	<input type="checkbox"/>
STATE ROUTE	<input type="checkbox"/>	OTHER	<input type="checkbox"/>	STOLEN VEHICLE	<input type="checkbox"/>
COUNTY RD	<input type="checkbox"/>	PRIVATE WAY	<input type="checkbox"/>	HIT & RUN INVOLVED	<input type="checkbox"/>

TRIBAL RESERVATION	
--------------------	--

CASE #	2016-00024488
--------	---------------

LOCAL AGENCY CODING	
---------------------	--

TOTAL # OF UNITS	02	OBJECT STRUCK	
------------------	----	---------------	--

M	M	D	D	Y	Y	Y	Y	TIME (2400)	COUNTY #	MILES	N	E	IN	OF	CITY #
DATE OF COLLISION	12	-	09	-	2016			0810	31						0664

ON (PRIMARY TRAFFIC WAY)	INTERSECTION	<input type="checkbox"/>	NON-INTERSECTION	<input checked="" type="checkbox"/>	
34TH STREET NE				BLOCK NO. <input checked="" type="checkbox"/> 11400	
				MILE POST	

DISTANCE	25	00	MILES	<input checked="" type="checkbox"/> N	<input type="checkbox"/> E	OF (REFERENCE OR CROSS STREET)	BAKER VISTA LANE
			FEET	<input checked="" type="checkbox"/> S	<input type="checkbox"/> W		

UNIT 01	MOTOR VEHICLE	<input checked="" type="checkbox"/>	PEDAL-CYCLE	<input type="checkbox"/>	DAMAGE THRESHOLD MET	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PHONE	D: 4259230046
---------	---------------	-------------------------------------	-------------	--------------------------	----------------------	---	-------	---------------

LAST NAME	TIMBERS	FIRST NAME	SETH	MIDDLE INITIAL	J
-----------	---------	------------	------	----------------	---

STREET NEW ADDRESS	11848 33RD PL NE
--------------------	------------------

CITY	LAKE STEVENS	ST	WA	ZIP	982588431
------	--------------	----	----	-----	-----------

CDL		RESTRICTIONS		ENDORSEMENTS	
-----	--	--------------	--	--------------	--

DRIVER'S LICENSE #	TIMBESJ017LR	STATE	WA	SEX	M	D.O.B.	MMDDYYYY	06	-	19	-	1999
--------------------	--------------	-------	----	-----	---	--------	----------	----	---	----	---	------

ON DUTY	<input type="checkbox"/>	STATUS		AIRBAG	1	RESTR.	4	EJECT	1	HELMET USE	2	INJURY CLASS	1	NATURE OF INJURIES	
---------	--------------------------	--------	--	--------	---	--------	---	-------	---	------------	---	--------------	---	--------------------	--

LICENSE PLATE #	BCD8659	STATE	WA	VIN#	1J4FJ78S3TL145536
-----------------	---------	-------	----	------	-------------------

TRAILER PLATE #		STATE		TRAILER PLATE #		STATE	
-----------------	--	-------	--	-----------------	--	-------	--

VEH. YEAR	1996	MAKE	JEEP	MODEL	JPCH	STYLE	UT	VEHICLE TOWED	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOWED BY		GOVT. VEHICLE	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
-----------	------	------	------	-------	------	-------	----	---------------	---	----------	--	---------------	---

REGISTERED OWNER INFO.	MATTHEW TIMBERS 11848 33RD PL NE LAKE STEVENS WA 98258 D: 4259235734
------------------------	--

LIABILITY INSURANCE IN EFFECT	<input checked="" type="checkbox"/>	INSURANCE CO & POLICY #	PROGRESSIVE INS CO 909513560
-------------------------------	-------------------------------------	-------------------------	------------------------------

VEHICLE LEGALLY STANDING	YES <input type="checkbox"/> NO <input type="checkbox"/>	CITATION #		CHARGE	
--------------------------	--	------------	--	--------	--

UNIT 02	MOTOR VEHICLE	<input checked="" type="checkbox"/>	PEDAL-CYCLE	<input type="checkbox"/>	PEDESTRIAN	<input type="checkbox"/>	PROPERTY OWNER	<input type="checkbox"/>	DAMAGE THRESHOLD MET	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PHONE	
---------	---------------	-------------------------------------	-------------	--------------------------	------------	--------------------------	----------------	--------------------------	----------------------	---	-------	--

LAST NAME	UNKNOWN	FIRST NAME		MIDDLE INITIAL	
-----------	---------	------------	--	----------------	--

STREET NEW ADDRESS	
--------------------	--

CITY		ST		ZIP	
------	--	----	--	-----	--

CDL		RESTRICTIONS		ENDORSEMENTS	
-----	--	--------------	--	--------------	--

DRIVER'S LICENSE #		STATE		SEX	U	D.O.B.	MMDDYYYY		-		-	
--------------------	--	-------	--	-----	---	--------	----------	--	---	--	---	--

ON DUTY	<input type="checkbox"/>	STATUS		AIRBAG	2	RESTR.	9	EJECT	9	HELMET USE	9	INJURY CLASS	0	NATURE OF INJURIES	
---------	--------------------------	--------	--	--------	---	--------	---	-------	---	------------	---	--------------	---	--------------------	--

LICENSE PLATE #	B50600T	STATE	WA	VIN#	1GTR2VE3XBZ465871
-----------------	---------	-------	----	------	-------------------

TRAILER PLATE #		STATE		TRAILER PLATE #		STATE	
-----------------	--	-------	--	-----------------	--	-------	--

VEH. YEAR	2011	MAKE	GMC	MODEL	SIERRA	STYLE	4C	VEHICLE TOWED	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOWED BY		GOVT. VEHICLE	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
-----------	------	------	-----	-------	--------	-------	----	---------------	---	----------	--	---------------	---

REGISTERED OWNER INFO.	ROBERT BORDERS 3326 BAKER VISTA LN LAKE STEVENS WA 98258 D: 4252444921
------------------------	--

LIABILITY INSURANCE IN EFFECT	<input checked="" type="checkbox"/>	INSURANCE CO & POLICY #	ALLSTATE INS CO 907774067
-------------------------------	-------------------------------------	-------------------------	---------------------------

VEHICLE LEGALLY STANDING	YES <input type="checkbox"/> NO <input type="checkbox"/>	CITATION #		CHARGE	
--------------------------	--	------------	--	--------	--

OFFICER'S NAME (PRINT)	D. CARTER	BADGE OR ID #	0121	AGENCY	WA0311900
------------------------	-----------	---------------	------	--------	-----------

PART A	3000-345-159 R (7/06)	PAGE 01 OF	3
--------	-----------------------	------------	---

0 1 29

1 4 30

1 1 2 31

1 32

3 7 33

34

4 35

36

37

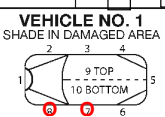
38

39

40

1 41

1 42





STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591972

CORRECTION

REPORT NO. **E617965**CASE # **2016-00024488**

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL)																		
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY	-		-				
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)																		
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY	-		-				
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)																		
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY	-		-				
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES

NARRATIVE

Traffic unit #1 was traveling west bound on 34th Street NE at the 11400 block. Traffic unit #2 was legally parked within the 11400 block 34th Street NE, against the south side curb facing east bound unoccupied. Traffic unit #1 operator lost control of the vehicle on snow / ice covered roadway and collided with traffic unit #2 as it crested the hill.

-TU1 operator provided telephone number to vehicle owner and returned to the scene a short time later.

-TU1 operator stated was coming up the hill at the location and lost control of the vehicle as he crested the hill causing an uncorrectable slide into unoccupied TU2 on the snow and ice covered roadway.

-TU1 operator properly seat belted at the time and not injured during the collision.

-TU2 owner stated he parked the vehicle minutes prior to the collision and was unoccupied.

-Photographs taken of vehicles involved and later attached to this report.

-TU1 operator provided written statement and later attached to this report.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

D. CARTER

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

12-09-16 10:08 AM

DATED

PLACE SIGNED

APPROVED BY

ROBERT MINER 0095

DATE

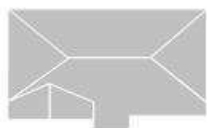
12/10/2016 2:32:00 AM

BADGE OR ID #	0121	ORI #	WA0311900	TIME POLICE DISPATCHED	8:31 AM	TIME POLICE ARRIVED	8:34 AM
---------------	-------------	-------	------------------	------------------------	----------------	---------------------	----------------

REPORT NO. E617965

CASE # 2016-00024488

DATE AND TIME
OF COLLISION 12/09/16 08:10



DRAWING NOT TO SCALE

